

FOCUSED ASSESSMENT--SUMMATIVE REPORT

EDUCATOR NAME: _____ POSITION: _____
 SCHOOL NAME: _____ YEAR: _____

V. PROFESSIONAL DEVELOPMENT
 Goal(s)/Objective(s) of Plan:

SUMMATIVE CRITERIA:

- Evidence of growth in professional knowledge, skills, and/or attitudes:

Missing () Limited () Meets Expectations () Exceeds Expectations ()*

Comments:

- Evidence of application of learning to directly or indirectly increase the capacity for facilitating student learning:

Missing () Limited () Meets Expectations () Exceeds Expectations ()*

Comments:

- Ongoing commitment to professional development:

*Describe the growth/application which exceeded the expectations identified on page 86.

Current License/Certificate: _____

Purpose for Evaluation: _____

Criteria Identified as Missing: _____ 1 _____ 2 *(check as appropriate)*

Criteria Identified as Limited: _____ 1 _____ 2 *(check as appropriate)*

Recommendations:

Areas of Strength:

Areas for Future Growth:

Comments (Educator and/or Evaluator):

The signatures below verify that a conference has been held to discuss the information contained in the Summative Report and that professional growth will continue as recommended above.

Educator's Signature

Date

Evaluator's Signature

Date